

DATE 01/04/2007

Columbia County Building Permit**PERMIT**

This Permit Expires One Year From the Date of Issue

000025365

APPLICANT DAVID TYRE PHONE 386 294-2210
 ADDRESS P.O. BOX 277 MAYO FL 32066
 OWNER BRETT WATTLES/TOM LASHLEY PHONE 352 362-1221
 ADDRESS 2496 W US 90 LAKE CITY FL 32055
 CONTRACTOR BRAE, INC/DAVID TYRE PHONE 386 294-2210
 LOCATION OF PROPERTY 90W, BUILDING ON RIGHT NEXT TO MEXICAN REST.(SYLVAN LEARNING CENTER)
 TYPE DEVELOPMENT REMODEL COMMERCIAL ESTIMATED COST OF CONSTRUCTION 50000.00
 HEATED FLOOR AREA _____ TOTAL AREA _____ HEIGHT _____ STORIES _____
 FOUNDATION _____ WALLS _____ ROOF PITCH _____ FLOOR _____
 LAND USE & ZONING CI MAX. HEIGHT _____
 Minimum Set Back Requirements: STREET-FRONT _____ REAR _____ SIDE _____
 NO. EX.D.U. _____ FLOOD ZONE X DEVELOPMENT PERMIT NO. _____

PARCEL ID 36-3S-16-02618-000 SUBDIVISION _____
 LOT _____ BLOCK _____ PHASE _____ UNIT _____ TOTAL ACRES _____

Culvert Permit No. _____ Culvert Waiver _____ Contractor's License Number CBC1251819
 EXISTING _____ X07-009 _____ BK _____ JH _____ N _____
 Driveway Connection _____ Septic Tank Number _____ LU & Zoning checked by _____ Approved for Issuance _____ New Resident _____

COMMENTS: NOC ON FILE

Check # or Cash 9380

FOR BUILDING & ZONING DEPARTMENT ONLY

(footer Slab)

Temporary Power _____ date/app. by _____ Foundation _____ date/app. by _____ Monolithic _____ date/app. by _____
 Under slab rough-in plumbing _____ date/app. by _____ Slab _____ date/app. by _____ Sheathing/Nailing _____ date/app. by _____
 Framing _____ date/app. by _____ Rough-in plumbing above slab and below wood floor _____ date/app. by _____
 Electrical rough-in _____ date/app. by _____ Heat & Air Duct _____ date/app. by _____ Peri. beam (Lintel) _____ date/app. by _____
 Permanent power _____ date/app. by _____ C.O. Final _____ date/app. by _____ Culvert _____ date/app. by _____
 M/H tie downs, blocking, electricity and plumbing _____ date/app. by _____ Pool _____ date/app. by _____
 Reconnection _____ date/app. by _____ Pump pole _____ date/app. by _____ Utility Pole _____ date/app. by _____
 M/H Pole _____ date/app. by _____ Travel Trailer _____ date/app. by _____ Re-roof _____ date/app. by _____

BUILDING PERMIT FEE \$ 250.00 CERTIFICATION FEE \$ 0.00 SURCHARGE FEE \$ 0.00
 MISC. FEES \$ 0.00 ZONING CERT. FEE \$ 50.00 FIRE FEE \$ 0.00 WASTE FEE \$ _____
 FLOOD DEVELOPMENT FEE \$ _____ FLOOD ZONE FEE \$ 25.00 CULVERT FEE \$ _____ **TOTAL FEE** 325.00

INSPECTORS OFFICE _____ CLERKS OFFICE CH

NOTICE: IN ADDITION TO THE REQUIREMENTS OF THIS PERMIT, THERE MAY BE ADDITIONAL RESTRICTIONS APPLICABLE TO THIS PROPERTY THAT MAY BE FOUND IN THE PUBLIC RECORDS OF THIS COUNTY. AND THERE MAY BE ADDITIONAL PERMITS REQUIRED FROM OTHER GOVERNMENTAL ENTITIES SUCH AS WATER MANAGEMENT DISTRICTS, STATE AGENCIES, OR FEDERAL AGENCIES

"WARNING TO OWNER: YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE RECORDING YOUR NOTICE OF COMMENCEMENT."

This Permit Must Be Prominently Posted on Premises During Construction

PLEASE NOTIFY THE COLUMBIA COUNTY BUILDING DEPARTMENT AT LEAST 24 HOURS IN ADVANCE OF EACH INSPECTION, IN ORDER THAT IT MAY BE MADE WITHOUT DELAY OR INCONVENIENCE, PHONE 758-1008. THIS PERMIT IS NOT VALID UNLESS THE WORK AUTHORIZED BY IT IS COMMENCED WITHIN 6 MONTHS AFTER ISSUANCE

The Issuance of this Permit Does Not Waive Compliance by Permittee with Deed Restrictions.

Columbia County Building Permit Application

Revised 9-23-04

For Office Use Only Application # 0612-75 Date Received 12-27-06 By LH Permit # 25365
 Application Approved by - Zoning Official BLK Date 27.12.06 Plans Examiner OK JTH Date 12-28-06
 Flood Zone X Development Permit N/A Zoning CI Land Use Plan Map Category COMMERCIAL
 Comments NO SDP Required not increasing sq. ft.
(NOC) EH CK# 9380

Applicants Name David Tyre Phone 386-294-2210
 Fax 386-294-3264

Address P.O. Box 277, Mayo, FL 32066

Owners Name Brett Nattles / Tom Lashley Phone 352-362-1221

911 Address 2496 West US 90, Lake City, FL 32055

Contractors Name BRAC Inc Phone 386-294-2210

Address P.O. Box 277 Mayo, FL 32066

Fee Simple Owner Name & Address N/A

Bonding Co. Name & Address N/A

Architect/Engineer Name & Address N/A

Mortgage Lenders Name & Address _____

Circle the correct power company - FL Power & Light - Clay Elec. - Suwannee Valley Elec. - Progressive Energy

Property ID Number 36-3S-16-02618-000 Estimated Cost of Construction \$0,000.00

Subdivision Name _____ Lot _____ Block _____ Unit _____ Phase _____

Driving Directions 90 West the building on the left before the Mexican restaurant.

Type of Construction Remodeling Number of Existing Dwellings on Property _____

Total Acreage 3.029 Lot Size _____ Do you need a Culvert Permit or Culvert Waiver or Have an Existing Drive

Actual Distance of Structure from Property Lines - Front NO EXTERIOR WORK Side _____ Side _____ Rear _____

Total Building Height _____ Number of Stories _____ Heated Floor Area not changing Roof Pitch _____

Application is hereby made to obtain a permit to do work and installations as indicated. I certify that no work or installation has commenced prior to the issuance of a permit and that all work be performed to meet the standards of all laws regulating construction in this jurisdiction.

OWNERS AFFIDAVIT: I hereby certify that all the foregoing information is accurate and all work will be done in compliance with all applicable laws and regulating construction and zoning.

WARNING TO OWNER: YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOU PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR ATTORNEY BEFORE RECORDING YOUR NOTICE OF COMMENCEMENT.

Owner Builder or Agent (Including Contractor) _____

STATE OF FLORIDA
COUNTY OF COLUMBIA



Sworn to (or affirmed) and subscribed before me this _____ day of _____ 20____.

Personally known _____ or Produced Identification _____

Contractor Signature _____

Contractors License Number CBC 1251819

Competency Card Number _____

NOTARY STAMP/SEAL

Notary Signature _____

IC# 2769026

STATE OF FLORIDA

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
CONSTRUCTION INDUSTRY LICENSING BOARD

SEQ# L06083101690

DATE	BATCH NUMBER	LICENSE NBR
08/31/2006	068044041	CBC1251819

The BUILDING CONTRACTOR
Named below IS CERTIFIED
Under the provisions of Chapter 489 FS.
Expiration date: AUG 31, 2008

TYRE, DAVID CHARLES
BRAE INC
824 LONG TRUSSEL ROAD
MAYO FL 32066

JEB BUSH
GOVERNOR

SIMONE MARSTILLER
SECRETARY

DISPLAY AS REQUIRED BY LAW

AC# 2768690

STATE OF FLORIDA

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
CONSTRUCTION INDUSTRY LICENSING BOARD

SEQ# L06083101354

DATE	BATCH NUMBER	LICENSE NBR
08/31/2006	068044041	CAC1814755

The CLASS A AIR CONDITIONING CONTRACTOR
Named below IS CERTIFIED
Under the provisions of Chapter 489 FS.
Expiration date: AUG 31, 2008

TYRE, DAVID CHARLES
BRAE INC
597 EAST MAIN STREET
MAYO FL 32066

JEB BUSH
GOVERNOR

SIMONE MARSTILLER
SECRETARY

DISPLAY AS REQUIRED BY LAW

C# 2770357

STATE OF FLORIDA

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
ELECTRICAL CONTRACTORS LICENSING BOARD

SEQ# L06083103021

DATE	BATCH NUMBER	LICENSE NBR
08/31/2006	068044041	EC13002148

The ELECTRICAL CONTRACTOR
Named below IS CERTIFIED
Under the provisions of Chapter 489 FS.
Expiration date: AUG 31, 2008

TYRE, DAVID CHARLES
BRAE INC
POST OFFICE BOX 386
MAYO FL 32066

NOTICE OF COMMENCEMENT FORM
COLUMBIA COUNTY, FLORIDA

***** THIS DOCUMENT MUST BE RECORDED AT THE COUNTY
CLERKS OFFICE BEFORE YOUR FIRST INSPECTION. *****

THE UNDERSIGNED hereby gives notice that Improvement will be made to certain real property, and in accordance with Chapter 713, Florida Statutes, the following information is provided in this Notice of Commencement.

Tax Parcel ID Number 36-35-16-02618-000 PERMIT NUMBER _____

1. Description of property: (legal description of the property and street address or 911 address)
Comm 1130.89 ft. E of SW cor for POB, run N
664.99 ft, run E 200 ft, S 640.84 ft, W 201.37 ft to
POB, being in S 1/2 of SW 1/4. ORB 395-589,
470-216
2. General description of improvement: _____
3. Owner Name & Address Siwannee Valley Learning Inc. 2228 NW CR 536
Mayo, FL 32066 Interest in Property Leasee
4. Name & Address of Fee Simple Owner (if other than owner): _____
5. Contractor Name BRAE, Inc. Phone Number 386-294-2210
Address PO BOX 277 Mayo, FL 32066
6. Surety Holders Name _____ Phone Number _____
Address _____
Amount of Bond _____
7. Lender Name Lafayette State Bank Phone Number 386-294-1901
Address PO BOX 108 Mayo, FL 32066
8. Persons within the State of Florida designated by the Owner upon whom notices or other documents may be served as provided by section 718.13 (1)(a) 7; Florida Statutes:
Name _____ Phone Number _____
Address _____
9. In addition to himself/herself the owner designates _____ of _____
to receive a copy of the Lienor's Notice as provided in Section 713.13 (1) -
(a) 7. Phone Number of the designee _____
10. Expiration date of the Notice of Commencement (the expiration date is 1 (one) year from the date of recording,
(Unless a different date is specified) _____

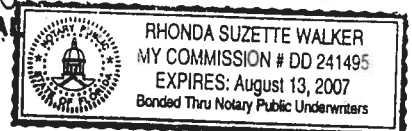
NOTICE AS PER CHAPTER 713, Florida Statutes:

The owner must sign the notice of commencement and no one else may be permitted to sign in his/her stead.

[Signature]
Signature of Owner

Sworn to (or affirmed) and subscribed before
day of January 3, 2007

NOTARY STAMP/SEA



Rhonda Suzette Walker
Signature of Notary

Inst:2007000168 Date:01/04/2007 Time:09:30

17 DC, P. Dewitt Cason, Columbia County B:1106 P:2055

COLUMBIA COUNTY FIRE DEPARTMENT

135 NE HERNANDO AVENUE

P. O. BOX 1529

SUITE 203

LAKE CITY, FL 32055



PHONE (386) 754-7089

FAX (386) 754-7064

David L. Boozer
Division Chief

April 24, 2007

To: David Tyre
BRAE Incorporated
P.O. Box 277
Mayo, Florida 32066

From: David L. Boozer

Re: Sylvan Learning Center

Mr. Tyre,

A fire safety inspection was performed today at the Sylvan Learning Center, located at 2496 W. US 90, Lake City, Florida. This business meets all requirements of Chapter 38 of the Florida Fire Prevention Code, 2004 Edition. No violations were noted. We recommend approval.

Tom & Dana Lashley
2228 NW CR536
Mayo, Florida 32066
386-362-3900

**COLUMBIA COUNTY
FLORIDA
DEPARTMENT OF BUILDING AND ZONING**

OCCUPANCY

COLUMBIA COUNTY, FLORIDA

Department of Building and Zoning Inspection

This Certificate of Occupancy is issued to the below named permit holder for the building and premises at the below named location, and certifies that the work has been completed in accordance with the Columbia County Building Code.

Parcel Number 36-3S-16-02618-000

Building permit No. 000025365

Use Classification REMODEL COMMERCIAL

Fire: 0.00

Permit Holder BRAE, INC/DAVID TYRE

Waste:

Owner of Building BRETT WATTLES/TOM LASHLEY

Total: 0.00

Location: 2496 W US HIGHWAY 90, LAKE CITY, FL

Date: 05/21/2007



Fanny Dicks

Building Inspector

POST IN A CONSPICUOUS PLACE
(Business Places Only)